Standard Operating Procedures for Mice in Dystocia

1. Assess the hydration status by pinching a tent of skin on the nape of the neck. If it takes >2 seconds for the skin to return to position, administer an initial 0.5 ml of warm sterile saline SC.

2. If unsure that pups remain, gently palpate the abdomen to assess if pups are within the dam.

3. Examine the vulva and vaginal canal. Pups that are visible within the canal can be gently removed by pulling them out using a gauze sponge/forceps.

4. Lubricate the vaginal area with a moistened cotton-tip swab. Suggested moistening agents include sterile saline, artificial tears, or petroleum ointment.

5. Additional fluids will be administered in volumes of 0.10 ml sterile saline SC at a site distant to any previous fluids given as a replacement for the oxytocin previously given.

**Note:** Oxytocin is not used, as it was stated by Narver (1) that there is no evidence that oxytocin aids parturition in mice and may even delay delivery in mice.

Remember that most of the abdominal cavity is filled with the gravid uterus, thus IP injections should be avoided.

6. Place dam’s cage on warming pad and monitor closely; assist with pulling any pups that lodge within the vaginal canal.

7. Sterile saline may be given again at 3 hours intervals if needed at 0.1 ml volume. Typically, no more than two to three injections are needed. Any dam which becomes moribund or hypothermic as judged by touch should be euthanized. Any pups from a dam which has been euthanized should either be fostered onto a dam that has a similarly aged litter (with the total number of pups placed on any one female not to exceed her original litter number), or they should be euthanized.


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